

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/820,249
Filing Date	April 5, 2004
First Named Inventor	Reinach, Harald
Art Unit	1724
Examiner Name	Fred G. Prince
Attorney Docket Number	015258-063200US

**ENCLOSURES (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment (with copies of April 2004 Fee Transmittal and Patent Application Transmittal; Substitute Specification; and Comparison Copy)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
|--|--|--|
- Remarks** The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Georg Seka		
Date	October 28, 2005	Reg. No.	24,491

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Jane Welch	Date	October 28, 2005

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 810

## Complete if Known

Application Number

Filing Date

First Named Inventor

REINACH, Harald

Examiner Name

Art Unit

Attorney Docket No.

015258-063200US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	770	Utility filing fee	770
		1002	340	Design filing fee	
		1003	530	Plant filing fee	
		1004	770	Reissue filing fee	
		1005	160	Provisional filing fee	

SUBTOTAL (1)

(\$770)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
15	-20** = 0	X\$18	\$0
Independent Claims	1	-3** = 0	X\$86
Multiple Dependent		X	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	86	Independent claims in excess of 3
		1203	290	Multiple dependent claim, if not paid
		1204	86	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1051	130	2051 65 Surcharge - late filing fee or oath
		1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet.
		1053	130	1053 130 Non-English specification
		1812	2,520	1812 2,520 For filing a request for reexamination
		1804	920*	1804 920* Requesting publication of SIR prior to Examiner action
		1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action
		1251	110	2251 55 Extension for reply within first month
		1252	420	2252 210 Extension for reply within second month
		1253	950	2253 475 Extension for reply within third month
		1254	1,400	2254 740 Extension for reply within fourth month
		1255	2,010	2255 1,005 Extension for reply within fifth month
		1401	330	2401 165 Notice of Appeal
		1402	330	2402 165 Filing a brief in support of an appeal
		1403	290	2403 145 Request for oral hearing
		1451	1,510	1451 1,510 Petition to institute a public use proceeding
		1452	110	2452 55 Petition to revive - unavoidable
		1453	1,330	2453 665 Petition to revive - unintentional
		1501	1,330	2501 665 Utility issue fee (or reissue)
		1502	480	2502 240 Design issue fee
		1503	640	2503 320 Plant issue fee
		1460	130	1460 130 Petitions to the Commissioner
		1807	50	1807 50 Petitions related to provisional applications
		1806	180	1806 180 Submission of Information Disclosure Stmt
		8021	40	8021 40 Recording each patent assignment per property (times number of properties)
		1809	770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))
		1810	770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))
		1801	770	2801 385 Request for Continued Examination (RCE)
		1802	900	1802 900 Request for expedited examination of a design application

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$40)

## SUBMITTED BY

Name (Print/Type)

J. Georg Seka

Registration No. (Attorney/Agent)

24,491

Telephone

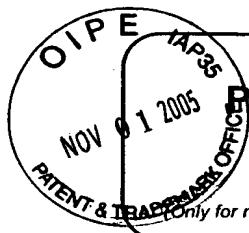
415-576-0200

Signature

Date

April 5, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	015258-063200US
First Inventor	REINACH, Harald
Title	MULTI-STAGE PUSHER CENTRIFUGE
Express Mail Label No.	EV330858348US

APPLICATION ELEMENTS	ADDRESS TO																
See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 39] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13] 5. Oath or Declaration [Total Pages 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of Non- Statement (IDS)/PTO-1449 U.S. IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:																
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Art Unit: _____ <b>For CONTINUATION OF DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.																	
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number <b>20350</b> OR <input type="checkbox"/> Correspondence address below <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>		Name				Address				City	State	Zip Code		Country	Telephone	Fax	
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Address																	
City	State	Zip Code															
Country	Telephone	Fax															
<table border="1"> <tr> <td>Name (Print/Type)</td> <td>J. Georg Seka</td> <td>Registration No. (Attorney/Agent)</td> <td>24,491</td> </tr> <tr> <td>Signature</td> <td><i>J. Georg Seka</i></td> <td>Date</td> <td>April 5, 2004</td> </tr> </table>		Name (Print/Type)	J. Georg Seka	Registration No. (Attorney/Agent)	24,491	Signature	<i>J. Georg Seka</i>	Date	April 5, 2004								
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Signature	<i>J. Georg Seka</i>	Date	April 5, 2004														